

4995

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. *

Place of Birth Globe County Pima No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			

DATE OF BIRTH* May 22 1916
(Month) (Day) (Year)

FULL* NAME Charles Osborne FATHER

FULL* MAIDEN NAME Emily Sharon Osborne MOTHER

I HEREBY CERTIFY that the child described herein has been named

Alice Adeline Osborne
(Give name in full) (Surname)

Emily Osborne
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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MARGIN RESERVED FOR BINDING

USE PERMANENT INK

63122-100

165-522-565